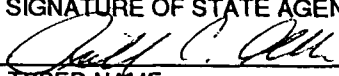
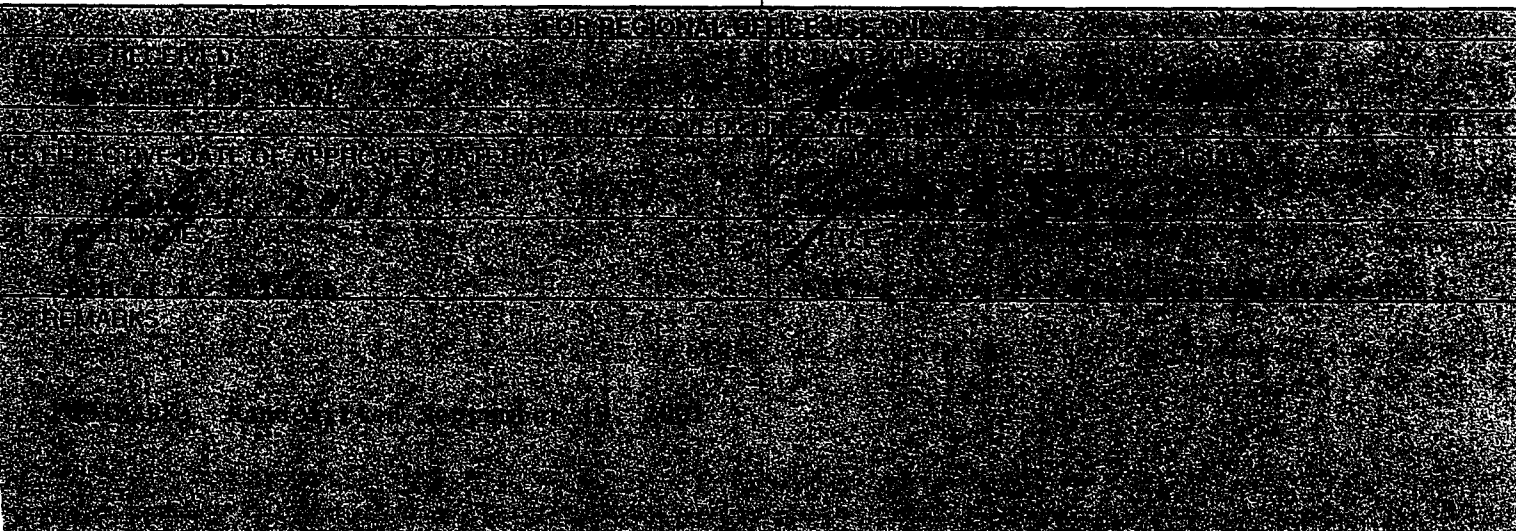


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>0</u> <u>1</u> <u>0</u> <u>1</u> <u>0</u>	2. STATE: Colorado
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2001	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. sec. 447.253(e)		7. FEDERAL BUDGET IMPACT: a. FFY 2000-2001 \$ <u>0</u> b. FFY 2001-2002 \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D Page 35A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 35A	
10. SUBJECT OF AMENDMENT: Administrative appeal process for nursing facility rate-setting.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED As per Governor's <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL letter dated 12/14/94.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Colorado Department of Health Care Policy & Financing 1575 Sherman Street Denver, Colorado 80203-1714 ATTN: Karen Snell	
13. TYPED NAME: Richard C. Allen			
14. TITLE: Director Office of Medical Assistance			
15. DATE SUBMITTED:			
			

TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 4.19-D
Page 35A

State of Colorado

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE - NURSING FACILITY HOME CARE

ITEM	NF
Personal clothing	Non-allowable
Cigarettes, cigars, pipes and tobacco	Non-allowable
Cosmetics & grooming items and services in excess of those for which Medicaid payment is made	Non-allowable
Dry cleaning	Non-allowable
Eye/Hearing examinations (unless medically necessary and provided by a physician)	Non-allowable
Eyeglasses and repairs	Non-allowable
Hearing aides and batteries	Non-allowable
Privately hired nurses or aides	Non-allowable
Private room except where therapeutically necessary	Non-allowable

- IV. Recoveries - In the event that an audit or other competent evidence reveals that a provider is indebted to the Medicaid program, the State shall recover this amount either through a repayment agreement by offsetting against current and future claims of the provider, through litigation, or by any other appropriate legal resource. Recovered amounts shall be reported to the Federal government through the HCFA 64.
- IV. Appeals and hearing - ~~The State has established procedures for appeals of nursing home rate determinations which allows providers to submit additional evidence and request prompt administrative review. The State provides an appeals or exception procedure that allows an individual nursing facility to submit additional evidence during and subsequent to the field audit of the nursing facility's annual cost report. Following completion of the rate audit process and the Department's issuance of a "rate letter" (stating the nursing facility's rate), the nursing facility is entitled to prompt administrative review through (1) informal reconsideration by the Department, and (2) a de novo hearing before an administrative law judge. Any issue relevant to the Department's calculation of the nursing facility's reimbursement rate may be considered during administrative review. However, the only evidence which may be admitted and considered is the evidence submitted by the nursing facility during the audit process prior to the issuance of the rate letter being appealed.~~

T.N. No. 01-010
Supersedes
TN No. 97-004

Approval Date 11/02/01

Effective Date 07/01/01